

# St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554  
 Ph: 574-656-3545 // Fax: 574-804-1005  
 mail@sjcha-in.com

## FAMILY DECLARATION FORM

### SECTION A: Household Information

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This information is being requested to comply with Equal Opportunity requirements and does not affect your housing application:

Primary Language: \_\_\_\_\_ Translation Needed: YES / NO

**HOUSEHOLD COMPOSITION:** Please list ALL PERSONS living in the assisted unit. This includes you, children, other adults, live-in aide, and foster adult(s) or children.

LEGAL NAME As it appears on Social Security Card	RELATIONSHIP TO HEAD	DOB	GENDER	SSN	DISABLED YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO

If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here: \_\_\_\_\_

If you or a family member has a disability and requires an accommodation to access our programs and services fully, please contact the SJCHA.

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## SECTION B: Current Household Income

**(SKIP SECTION B IF PROVIDING SAFE HARBOR INCOME VERIFICATION)**

**Please select all that are applicable for the entire household:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alimony             | <input type="checkbox"/> Child Support   | <input type="checkbox"/> Education Financial Assistance |
| <input type="checkbox"/> Employment Wages    | <input type="checkbox"/> Food Stamps     | <input type="checkbox"/> Family/Friend/Org Contribution |
| <input type="checkbox"/> General Assistance  | <input type="checkbox"/> Medicare        | <input type="checkbox"/> Medicaid                       |
| <input type="checkbox"/> Retirement Benefits | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Social Security                |
| <input type="checkbox"/> SSI/SSDI            | <input type="checkbox"/> TANF            | <input type="checkbox"/> Unemployment                   |
| <input type="checkbox"/> Veterans Benefits   | <input type="checkbox"/> Other: _____    |   |

**By checking this box, I am certifying I do not have any income at this time.**

**Individually list all the income marked in the box above.**

Household Member	Type of Income	Amount	Frequency
<i>Example: Jane Doe</i>	<i>Employment – Walmart</i>	<i>\$250.00</i>	<i>Weekly</i>

Did you file a Federal Income Tax Return for the most recent year? **YES / NO**

**If yes, please provide a copy.**

Does anyone outside of your household pay any of your bills or expenses? **YES / NO**

**If yes, please provide information on each person or organization in the table below.**

Name	Address	Phone Number	E-mail

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## SECTION C: Current Household Asset Information

**Please select all that are applicable for the entire household:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Savings Account               | <input type="checkbox"/> Checking Account   | <input type="checkbox"/> Real Estate           |
| <input type="checkbox"/> Stocks and/or Bonds           | <input type="checkbox"/> Savings Certificates                                       | <input type="checkbox"/> Money Market Accounts |
| <input type="checkbox"/> Digital Currency              | <input type="checkbox"/> Money Transaction Accounts (CASH APP, Venmo, PayPal, etc.) |  |
| <input type="checkbox"/> Direct Express Account        | <input type="checkbox"/> Child Support Card   | <input type="checkbox"/> Payroll Card          |
| <input type="checkbox"/> Trust Funds                   | <input type="checkbox"/> Retirement Accounts  | <input type="checkbox"/> Life Insurance        |
| <input type="checkbox"/> Other (Please Explain): _____ |   |  |

**By checking this box, I am certifying I do not have any assets at this time.**

**Individually list all the assets marked in the box above.**

Household Member	Type of Asset	Current Balance	Interest Earned
<i>Example: Jane Doe</i>	<i>Wells Fargo Checking Acct</i>	<i>\$600.00</i>	<i>\$1.00</i>

**\*Please submit one (1) month of statements for all accounts/assets listed above when submitting this paperwork.**

Has anyone in the household disposed of assets valued at \$1,000 for less than fair market value in the past two years? **YES / NO**

**If yes, provide documentation of the sale or gift.**



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## SECTION F: Current Unreimbursed Care Expenses for a Disabled Household Member

(ONLY FOR HOUSEHOLDS WHERE CARE FOR A DISABLED FAMILY MEMBER IS PAID SO AN ADULT FAMILY MEMBER MAY WORK)

By checking this box, I am certifying I do not currently have any unreimbursed care expenses for a disabled household member so an adult family member may work.

Individually list all unreimbursed care expenses for a disabled household member that an adult family member to work.

Household Member	Type of Expense	Amount	Frequency
<i>Example: Jane Doe</i>	<i>Caregiver</i>	<i>\$300.00</i>	<i>Weekly</i>

**\*Provide documentation for each care expense listed above.**

## SECTION G: Program Integrity Information

Answers apply to ALL household members:

1. Does the total value of all your non-necessary assets exceed \$5,000? (Non-necessary items of personal property include: bank accounts, a recreational boat, coin collection, or antique jewelry. This will include most assets that are not a home or a necessary item) YES / NO
2. Did you receive a tax refund in the past 12 months? YES / NO  
 If yes, how much? \_\_\_\_\_
3. Do you expect anyone to move in or out of your household within 12 months? YES / NO
4. Does anyone live with you now who is not listed above? YES / NO  
 If yes, list their name: \_\_\_\_\_
5. Have you ever used a name other than the one you are using now? YES / NO  
 If yes, what name? \_\_\_\_\_
6. Have you ever used a Social Security Number other than the one you listed above? YES / NO  
 If yes, what is the number? \_\_\_\_\_
7. Has anyone in your household been engaged in the use, sale, manufacture, or distribution of a controlled substance? YES / NO  
 If yes, who? \_\_\_\_\_
8. Have you ever been evicted from Public or assisted housing for violent criminal or drug-related activity? YES / NO
9. Have you ever violated a family obligation in a HUD-assisted housing program? YES / NO
10. Are you subject to lifetime sex offender registration under a state sex offender registration program? YES / NO  
 If yes, who and in what state? \_\_\_\_\_
11. Do you owe any money to a Public Housing Agency? YES / NO
12. Is anyone 18 or older attending school full-time? YES / NO  
 If yes, who? \_\_\_\_\_

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## SECTION H: Certification

**I certify that the information on this form is true and complete to the best of my knowledge and belief. I further understand that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in denial or termination of assistance.**

**I understand that I can be fined up to \$10,000, or imprisoned for up to five years if I furnish false or incomplete information.**

_____	_____	_____
Head of Household Print Name	Signature	Date

_____	_____	_____
Other Adult Print Name	Signature	Date

_____	_____	_____
Other Adult Print Name	Signature	Date

_____	_____	_____
Other Adult Print Name	Signature	Date